§ 405.205 Coverage of a Category B (Nonexperimental/investigational) device.

(a) * * *

(1) The FDA notifies CMS, when it notifies the sponsor, that the device is categorized by FDA as Category B (Nonexperimental/investigational).

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§ 405.207 Services related to a noncovered device.

(a) When payment is not made. Medicare payment is not made for medical and hospital services that are related to the use of a device that is not covered because CMS determines the device is not "reasonable" and "necessary" under section 1862(a)(1)(A) of the Act or because it is excluded from coverage for other reasons. These services include all services furnished in preparation for the use of a noncovered device, services furnished contemporaneously with and necessary to the use of a noncovered device, and services furnished as necessary after-care that are incident to recovery from the use of the device or from receiving related noncovered services.

- (b) When payment is made. Medicare payment may be made for—
- (1) Covered services to treat a condition or complication that arises due to the use of a noncovered device or a noncovered device-related service: or
- (2) Routine care services related to experimental/investigational (Category A) devices as defined in § 405.201(b); and furnished in conjunction with an FDA-approved clinical trial. The trial must meet criteria established through the national coverage determination process; and if the trial is initiated before January 1, 2010, the device must be determined as intended for use in the diagnosis, monitoring or treatment of an immediately life-threatening disease or condition.
- (3) Routine care services related to a non-experimental/investigational (Category B) device defined in §405.201(b) that is furnished in conjunction with an FDA-approved clinical trial.

[60 FR 48423, Sept. 19, 1995, as amended at 69 FR 66420, Nov. 15, 2004]

EFFECTIVE DATE NOTE: At 78 FR 74809, Dec. 10, 2013, $\S405.207$ was amended by revising paragraphs (b)(2) and (3), effective Jan. 1,

2015. For the convenience of the user, the revised text is set forth as follows:

§ 405.207 Services related to a non-covered device.

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(b) * * *

- (2) Routine care items and services related to Category A (Experimental) devices as defined in §405.201(b), and furnished in conjunction with FDA-approved clinical studies that meet the coverage requirements in §405.211.
- (3) Routine care items and services related to Category B (Nonexperimental/investigational) devices as defined in §405.201(b), and furnished in conjunction with FDA-approved clinical studies that meet the coverage requirements in §405.211.

§ 405.209 Payment for a non-experimental/investigational (Category B) device.

Payment under Medicare for a non-experimental/investigational (Category B) device is based on, and may not exceed, the amount that would have been paid for a currently used device serving the same medical purpose that has been approved or cleared for marketing by the FDA.

EFFECTIVE DATE NOTE: At 78 FR 74809, Dec. 10, 2013, \S 405.209 was revised, effective Jan. 1, 2015. For the convenience of the user, the revised text is set forth as follows:

§ 405.209 Payment for a Category B (Nonexperimental/investigational) device.

Payment under Medicare for a Category B (Nonexperimental/investigational) device is based on, and may not exceed, the amount that would have been paid for a currently used device serving the same medical purpose that has been approved or cleared for marketing by the FDA.

§ 405.211 Procedures for Medicare contractors in making coverage decisions for a non-experimental/investigational (Category B) device.

- (a) General rule. In their review of claims for payment, Medicare contractors are bound by the statute, regulations, and all CMS administrative issuances, including all national coverage decisions.
- (b) Potentially covered non-experimental/investigational (Category B) devices. Medicare contractors may approve coverage for any device with an FDA-approved IDE categorized as a